



The Inner Sciences India Trust

A4/202, Adair (Akshaya), Kazhipattur,
OMR, Chennai, Tamil Nadu, India 603-103
Phone No: +91 6383146112

Email: admin@theinnersciencesindia.net Website: theinnersciencesindia.net
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TISIT INSTRUCTOR APPLICATION

(Please Print Clearly)

Photo

First Name _____ Last Name _____

Father's/Husband's Name _____

Street Address & No. _____
(Address as per your Aadhar Card, please enclosed copy)

City _____ Pin Code _____

State / Province / Country _____

Home Phone _____ Mobile Phone _____

Email ID _____ Aadhar No. _____ PAN No. _____

Name the Workshop you are certificated, year & organization _____

(Please enclosed copy of certificates)

Have you previously been involved in Energy Treatment? _____

Are you currently an Instructor? _____

To what Organization were you previously Authorized? _____

When did your Authorization expire? _____

Did your previous Authorization have a specified Non-Compete Clause or Period of Duration?

Name the Workshop you previously taught? _____

How many Students did you teach in the past? _____

In which Countries do you wish to Teach? _____

Date _____ Signature _____

Do not write below this line - For Internal Use Only

Approved _____ Date _____ Signature _____

Global Region _____

Comments _____